

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>034165-398</i>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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38	/						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>3</i>						TOTAL IND.						
TOTAL DEP.	<i>4</i>						TOTAL DEP.						
TOTAL CLAIMS	<i>7</i>						TOTAL CLAIMS						